

UTAH STATE DEVELOPMENTAL CENTE PROVIDER #: 46G009 FACILITY BEDS TYPE ACTION: RECERTIFICATION
895 NORTH 900 EAST PHONE NUMBER: (801) 763-4091 TOTAL: 260
AMERICAN FORK UT 84003 PARTICIPATION DATE: 07/01/1977 CERTIFIED: 260 TYPE OWNERSHIP: STATE
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/21/2004	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 260
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TOTAL: 230	BEGINNING: 01/01/2005	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 10/31/2005	-- ----- --
MEDICAID: 0	EXTENSION: 12/31/2005	260
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 01/20/2005

PRIOR 3 SURVEY 10/2001	PRIOR 2 SURVEY 10/2002	PRIOR 1 SURVEY 08/2003	CURRENT SURVEY 10/21/2004	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
X					STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X	X	X C	01/05/2005	STD W0109-COMPLIANCE WITH SANITATION LAWS
X					STD W0112-INFORMATION IN CLIENT RECORDS KEPT CONFIDENTIAL
X		X			STD * W0128-CLIENTS FREE FROM UNNECESSARY DRUGS, PHYSICAL RESTRAINTS
	X				STD W0129-CLIENTS PROVIDED WITH PERSONAL PRIVACY
X			X C	12/03/2004	STD * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP
			X C	12/04/2004	STD W0191-EMPLOYEE TRAINING DIRECTED TOWARDS CLIENTS BEHAVIORAL NEE
X			X C	12/03/2004	STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
			X C	12/03/2004	STD * W0197-SERVICES FOR INDEPENDENT CLIENTS NOT INCLUDED
			X C	12/03/2004	STD W0206-EACH CLIENT HAS INDIVIDUAL INTERDISCIPLINARY TEAM MEETINGS
	X				STD * W0214-ASSESSMENT IDENTIFIES DEVELOPMENTAL NEEDS
	X		X C	12/03/2004	STD * W0242-PROGRAM PLAN INCLUDES TRAINING IN PERSONAL SKILLS
			X C	12/03/2004	STD * W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATED
		X	X C	11/19/2004	STD W0260-IPP REVISED AT LEAST ANNUALLY
			X C	11/15/2004	STD W0262-COMMITTEE REVIEWS, APPROVES, MONITORS IPPS
			X C	12/03/2004	STD W0342-TRAINING STAFF IN DETECTING SIGNS, SYMPTOMS OF ILLNESS
X					STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
X			X C	01/05/2005	STD W0370-UNLICENSED PERSONNEL ADMINISTER DRUGS ONLY IF STATE PERMI
	X				STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
X					STD W0388-LABELING OF DRUGS & BIOLOGICALS
X					STD W0390-OUTDATED DRUGS REMOVED FROM USE
X					STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
X					STD W0392-DRUGS FOR SPECIFIC CLIENTS REMOVED IF DISCONTINUED
	X				STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
	X		X C	12/03/2004	STD W0454-SANITARY ENVIRONMENT TO AVOID INFECTION
			X C	12/03/2004	STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
X					STD W0466-DIETS PREPARED IN ACCORDANCE WITH RECOMMENDED ALLOWANCES
X					STD W0473-FOOD SERVED AT APPROPRIATE TEMPERATURE
X			X C	12/03/2004	STD W0478-MENUS PROVIDE VARIETY OF FOOD AT EACH MEAL
					STD W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 10/2001	85 EXIST PRIOR 2 SURVEY 10/2002	85 EXIST PRIOR 1 SURVEY 08/2003	2000 EXIS CURRENT SURVEY 10/19/2004	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X				K0018-CORRIDOR DOORS
		X			K0038-EXIT ACCESS
		X			K0045-EXIT LIGHTING
			X C	12/03/2004	K0050-FIRE DRILLS
X	X	X			K0051-FIRE ALARM SYSTEM
X					K0059-WATER FLOW DEVICE
	X				K0061-MAIN SPRINKLER CONTROL
X		X			K0062-SPRINKLER SYSTEM MAINTENANCE
			X C	12/15/2004	K0069-COOKING EQUIPMENT
	X				K0075-WASTEBASKETS
					K0130-OTHER

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 10/2001	85 EXIST PRIOR 2 SURVEY 10/2002	85 EXIST PRIOR 1 SURVEY 08/2003	2000 EXIS CURRENT SURVEY 10/19/2004	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 02
X	X	X	X F	12/03/2004	K0018-CORRIDOR DOORS
	X	X			K0021-DOORS IN FIRE AND SMOKE PARTITIONS
	X	X			K0025-SMOKE PARTITION CONSTRUCTION
			X C	11/09/2004	K0029-HAZARDOUS AREAS - SEPARATION
			X C	12/03/2004	K0050-FIRE DRILLS
X					K0059-WATER FLOW DEVICE
		X			K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0064-PORTABLE FIRE EXTINGUISHERS
		X			K0069-COOKING EQUIPMENT
		X			K0074-COMBUSTIBLE CURTAINS

K0076-MEDICAL GAS SYSTEM
K0130-OTHER

LSC DEFICIENCIES - BLDG NO. 03

K0029-HAZARDOUS AREAS - SEPARATION
K0050-FIRE DRILLS
K0072-FURNISHING AND DECORATIONS
K0130-OTHER

LSC DEFICIENCIES - BLDG NO. 04

K0018-CORRIDOR DOORS
K0064-PORTABLE FIRE EXTINGUISHERS
K0072-FURNISHING AND DECORATIONS
K0130-OTHER

LSC DEFICIENCIES - BLDG NO. 05

K0018-CORRIDOR DOORS
K0029-HAZARDOUS AREAS - SEPARATION
K0050-FIRE DRILLS
K0051-FIRE ALARM SYSTEM
K0059-WATER FLOW DEVICE
K0064-PORTABLE FIRE EXTINGUISHERS
K0072-FURNISHING AND DECORATIONS
K0074-COMBUSTIBLE CURTAINS
K0130-OTHER

LSC DEFICIENCIES - BLDG NO. 06

K0018-CORRIDOR DOORS
K0021-DOORS IN FIRE AND SMOKE PARTITIONS
K0029-HAZARDOUS AREAS - SEPARATION
K0038-EXIT ACCESS
K0050-FIRE DRILLS
K0061-MAIN SPRINKLER CONTROL
K0064-PORTABLE FIRE EXTINGUISHERS
K0130-OTHER

LSC DEFICIENCIES - BLDG NO. 07

K0018-CORRIDOR DOORS
K0021-DOORS IN FIRE AND SMOKE PARTITIONS
K0025-SMOKE PARTITION CONSTRUCTION
K0029-HAZARDOUS AREAS - SEPARATION
K0038-EXIT ACCESS
K0050-FIRE DRILLS
K0051-FIRE ALARM SYSTEM
K0064-PORTABLE FIRE EXTINGUISHERS
K0072-FURNISHING AND DECORATIONS
K0073-FLAMMABLE FURNISHINGS
K0074-COMBUSTIBLE CURTAINS
K0130-OTHER

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LSC DEFICIENCIES - BLDG NO. 08
K0012-CONSTRUCTION TYPE
K0050-FIRE DRILLS
K0051-FIRE ALARM SYSTEM
K0056-AUTOMATIC SPRINKLER SYSTEM
K0074-COMBUSTIBLE CURTAINS
K0130-OTHER
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LSC DEFICIENCIES - BLDG NO. 09

K0034-STAIRS AND SMOKE PROOF TOWERS
K0038-EXIT ACCESS
K0050-FIRE DRILLS
K0056-AUTOMATIC SPRINKLER SYSTEM
K0072-FURNISHING AND DECORATIONS
K0130-OTHER

LSC DEFICIENCIES - BLDG NO. 10
K0069-COOKING EQUIPMENT

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 * = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
STANDARD	38	23	40	33
REGIONAL OFFICE FLAG (INCLUDES COPS)	4	1	3	3
HEALTH TOTAL	14	3	7	15
LIFE SAFETY CODE	24	20	33	18
LIFE SAFETY CODE + HEALTH	38	23	40	33

STATUS OF DEFICIENT COPS
CURRENT SURVEY

	DEFICIENCY NOT CORRECTED -----	DEFICIENCY CORRECTED AFTER APPROVAL -----	REPEAT COP DEFICIENCY -----
COP	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
05/05/2004	SUBSTANTIATED
06/09/2004	UNSUBSTANTIATED
10/21/2004	UNSUBSTANTIATED
02/09/2005	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY